

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10525

State File No. _____

FILED APR 6 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2742

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEHLVILLE</u> <u>85</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ALEXIAN BROS. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>7308 SO. LINDBERGH</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>A.</u> c. (Last) <u>WIETHOP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 23, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JANUARY 18, 1854</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MEHLVILLE, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FREDERICK WIETHOP</u>	
13b. MOTHER'S MAIDEN NAME <u>CATHERINE KAHRE</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CHARLES WIETHOP</u>		ADDRESS <u>7308 SO. LINDBERGH</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute dilatation of heart</u> ANTECEDENT CAUSES <u>Chronic cardiac vascular renal disease.</u> DUE TO (a) <u>chronic cardiac vascular renal disease.</u> DUE TO (b) <u>chronic cardiac vascular renal disease.</u> DUE TO (c) <u>chronic cardiac vascular renal disease.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Generalized arteriosclerosis</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>442 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>1927</u> to <u>Mar. 23, 1954</u> , that I last saw the deceased alive on <u>3-23</u> , 19 <u>54</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Ernest S. Jenkins M.D.</u>		23b. ADDRESS <u>75 > Leeway Ferry Rd.</u>	
23c. DATE SIGNED <u>3-24-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAR. 27, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD ST. JOHN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>MEHLVILLE, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. HOFFMEISTER U. & L. CO.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 26 1954</u>		ADDRESS <u>7814 SO. BROADWAY ST. LOUIS, MO.</u>	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Leiner C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadwa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.